

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F56558**

1. Entity Name  
**SAL'S TOWING, INC.**



Principal Place of Business  
**4033 N.E. NINTH AVENUE  
OAKLAND PARK, FL 33334**

Mailing Address  
**4033 N.E. NINTH AVENUE  
OAKLAND PARK, FL 33334**

**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-P CR2E034 (11/05)

4. F.E.I. Number **59-2306541** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAFFEI, GEORGE P.  
4033 NE 9TH AVENUE  
FT. LAUDERDALE, FL 33334**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000495519  
04/21/06-80012-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	BELLASSAI, SALVATORE
STREET ADDRESS	4033 NE 9TH AVE
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	D
NAME	BELLASSAI, SALVATORE
STREET ADDRESS	4033 NE 9TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/06**

Date

**954-584-6480**

Daytime Phone #